

STATE OF HAWAII — DEPARTMENT OF TAXATION
APPLICATION FOR EXTENSION OF TIME TO FILE THE
EMPLOYER'S ANNUAL RETURN AND RECONCILIATION OF HAWAII
INCOME TAX WITHHELD FROM WAGES (FORM HW-3)

Please read instructions below before preparing form.

TAXPAYER'S

NAME: _____

BUSINESS

NAME: _____

ADDRESS: _____

_____ ZIP CODE +4: _____

HAWAII WITHHOLDING I.D. No. _____

Application is hereby made for an extension of time to file the employer's return and reconciliation of Hawaii income tax withheld from wages (Form HW-3).

a. For calendar year ending December 31, 19 _____

b. An extension is requested until (No more than 2 months. See Instructions below.) _____ / _____ / _____

c. This extension is necessary for the following reasons (See Instructions below):

_____ MO _____ DAY _____ YR

d. ADDITIONAL TAX DUE (See Instructions below) Attach a check or money order for this amount in U.S. dollars payable to "HAWAII STATE TAX COLLECTOR." If no payment is due, enter "0"

\$

DECLARATION

I declare under the penalties set forth in section 231-34, HRS, that the statements contained herein are true and correct.

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT WITH POWER OF ATTORNEY

DATE

INSTRUCTIONS FOR PREPARATION OF THIS FORM

- Extensions will only be granted for 2 months or less.
- Extensions will only be granted for a good reason (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
- This extension of time to file is **NOT AN EXTENSION OF TIME TO PAY**. If additional income taxes withheld are due for the year, write the amount due on line d. Your check or money order for the entire amount, payable in U.S. dollars to the "HAWAII STATE TAX COLLECTOR," must be attached to this form.
- Submit the completed form to the Tax Assessor of the taxation district with which you are registered ON OR BEFORE JANUARY 21. Applications for extensions filed after that date will **not** be granted.
- If approved or denied, an approval/denial letter will be sent to the taxpayer.
- IMPORTANT** — Approved applications for extensions are **ONLY** valid if all monthly, quarterly, or semiannual periodic returns (Form HW-14) for the year have been filed.
- IMPORTANT**—The total period for which extensions will be granted **cannot** exceed two (2) months.

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESSES

(Please direct all inquiries and correspondence to the district office with which you are registered.)

OAHU DISTRICT OFFICE

P.O. Box 3827
Honolulu, HI 96812-3827

MAUI DISTRICT OFFICE

P.O. Box 923
Wailuku, HI 96793-0923

HAWAII DISTRICT OFFICE

P.O. Box 937
Hilo, HI 96721-0937

KAUAI DISTRICT OFFICE

P.O. Box 1686
Lihue, HI 96766-5686